



**CITY OF ASHEVILLE  
and  
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**HOME Investment Partnerships Program  
and  
Community Development Block Grant Program**

**APPLICATION FOR FUNDING  
for  
NON-CONSTRUCTION  
PROJECTS**

**For grant year starting  
July 1, 2007**

**Application workshop:  
December 8, 2006, City Hall 6<sup>th</sup> Floor - 10:00 a.m. – 12 noon**

**\*\* Pre-application form to be submitted by all applicants by December 29, 2006 \*\***

## GENERAL APPLICATION INSTRUCTIONS

### Which Form?

This form is to apply for CDBG, HOME, or ADDI funds for **non-construction projects**. This includes:

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Social services (CDBG only)  
 Housing services (CDBG only)  
 Tenant Based Rent Assistance (HOME only)  
 Down-payment assistance (CDBG, HOME, or ADDI)  
 Emergency Home Repair (CDBG only)  
 Job training and small business assistance (CDBG only)  
 Planning (CDBG or HOME)

There is a separate form for construction projects: that is projects involving the acquisition or improvement of real property, including housing construction and rehabilitation programs. Down-payment assistance to homebuyers is counted as non-construction and so are emergency (minor) repair programs. Call CD staff if in doubt which form to use.

### CDBG or HOME?

This is not a simple question, since the programs do overlap.

- CDBG funds can be used for a wide variety of non-construction programs, but must be used within the City of Asheville.
- HOME and ADDI funds may be used anywhere in the Consortium (Buncombe, Henderson, Madison and Transylvania Counties)
- The only non-construction uses eligible for HOME funding are Tenant Based Rental Assistance and down-payment assistance to homebuyers
- ADDI funding can be used only for downpayment assistance.

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If in doubt, please contact City of Asheville staff. If the project is eligible for both sources of funding (e.g. down-payment assistance) you must choose which one to apply for, as ***CDBG and HOME cannot be used on the same project.***

### Eligible Applicants

#### HOME or ADDI applicants must be:

- Consortium member governments; or
- Non-profit agencies applying through a member government (outside Asheville: contact your member government for additional application requirements);

#### CDBG applicants must be:

- Non-profit agencies with a primary purpose to provide housing, human services or economic development services within the City of Asheville.

“Non-profit” means having a 501c(3) or equivalent IRS tax exemption notice.

All applicants must demonstrate a track record of continuous, active, and relevant operation for at least two years.

<b>Income Eligibility</b>	In general, all projects must benefit persons with household income below 80% of median income adjusted for family size (see table on page V).
<b>Grant Period</b>	The funding period starts <u>July 1, 2007</u> . Costs incurred before that date cannot be reimbursed. You should plan to expend all funds by <u>June 30, 2008</u> .
<b>Pre-Applications</b>	<b><u>All interested applicants must submit a pre-application form by Friday, December 29, 2006.</u></b> It may be emailed to Adria Hardy, at the Asheville Community Development Division Office – <a href="mailto:ahardy@ashevillenc.gov">ahardy@ashevillenc.gov</a> , or faxed to her <u>attention</u> , at 259-5428.
<b>Pre-Application Meetings</b>	<b>Applicants who have not previously received CDBG or HOME funding for the same, or a very similar project, must set up a meeting with CD staff before submitting their full application, to ensure that your program is eligible and to discuss other requirements.</b>
<b>Special Conditions</b>	Please note that total funding to support social service programs is limited to 15% of the CDBG budget. Competition for these funds is particularly tight.
<b>Invalid Applications</b>	Applications may be rejected without evaluation for the following reasons: <ol style="list-style-type: none"> <li>1) Program not clearly eligible according to CDBG/HOME regulations.</li> <li>2) Applicant has demonstrated poor past performance in carrying out City-funded programs or complying with federal regulations.</li> <li>3) Applicant fails to provide audited financial statements or other required information.</li> </ol>
<b>Project Evaluation &amp; Funds Allocation</b>	<p>Applications will be evaluated by staff and assigned scores according to criteria based on the priorities in the 2005-2010 Consolidated Strategic Plan, the feasibility of the project, and the capacity of the agency to carry it out. These scores will be used as a guide in allocating funds, but will not be the sole factor in determining whether a program will be funded or how much funding it will receive.</p> <p>After this initial evaluation, CDBG applications will be reviewed by the City of Asheville's Housing and Community Development Committee, and HOME applications by the Asheville Regional Housing Consortium Board. These bodies will present their allocation recommendations to the Asheville City Council in the form of a Consolidated Action Plan for the CDBG and HOME programs. In addition, the City will seek citizen input on the Plan through public hearings. The schedule is on the next page.</p>

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**Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded. Successful applications may be funded for less than the amount requested.**

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## Schedule for CDBG & HOME Planning for 2007

2006	Action
November 14 (Tuesday)	Public Hearing in Brevard
November 15 (Wednesday)	Public Hearing in Asheville
<b>December 8 (Friday)</b> <b>(10:00 – 12:00 Asheville City Hall,</b> <b>6<sup>th</sup> floor training room)</b>	<b>Training session for applicants.</b> <b>You are strongly advised to attend</b>
December & January	1-on-1 Technical Assistance – <b>required for new applicants</b>
<b>December 29 (Friday)</b>	<b>Deadline to submit pre-application form</b>
2007	Action
<b>January 31 (Wednesday)</b>	<b>Deadline for applications</b>
February	Staff review of applications
March 14 (tentative)	HOME applicant interviews
March 12 – 21 (to be arranged)	CDBG applicant interviews
March 25 (Sunday)	Draft Plan published for public comment
April 10 (Tuesday)	Asheville City Council: Public Hearing on draft plan
April 20 (Friday)	Deadline for citizen comments on draft plan
April 24 (Tuesday)	Asheville City Council approves Plan
May 11	Deadline for submitting Plan to HUD

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## Income Limits For Extremely Low, Very Low, and Low Income Households

(Based on HUD data on area median family income for FY 2006.

We expect to receive revised limits for 2007 early next year)

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Buncombe, Henderson & Madison (incl. City of Asheville)	Extremely Low Income	<30%	10,550	12,100	13,600	15,100	16,300	17,500	18,700	19,950
	Very Low Income	31-50%	17,650	20,150	22,700	25,200	27,200	29,250	31,250	33,250
	Low Income	51-80%	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200

AMI = Area Median Family Income

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Transylvania	Extremely Low Income	<30%	10,850	12,400	13,950	15,500	16,400	18,000	19,200	20,450
	Very Low Income	31-50%	18,050	20,650	23,200	25,800	27,850	29,950	32,000	34,050
	Low Income	51-80%	28,900	33,050	37,150	41,300	44,600	47,900	51,200	54,500

**Client Income eligibility:** HOME- and CDBG-assisted programs must serve low income clients (less than 80% of AMI). For HOME rental programs lower income limits apply. For all HOME programs and for CDBG programs providing direct financial benefits, **all** clients must meet income eligibility limits. For most other CDBG programs at least 51% of clients must meet income limits. Certain categories of CDBG clients e.g. the homeless, may be presumed to meet income limits. If you are not sure about your program's eligibility, please call CD staff.

**Client Income Tracking:** As well as ensuring client eligibility, HUD requires us to report the numbers of clients served in each of the income groups listed above.

## DETAILED APPLICATION INSTRUCTIONS

- **All applicants must submit a pre-application form by Friday, December 29, 2006.** Applicants who have not previously received CDBG or HOME funding for the same or a very similar project must set up a meeting with CD staff in December or January, before submitting their full application.
- Submit original and four copies of **full application** by 5:00 PM on **Wednesday, Jan. 31, 2007.**
- Forms may be submitted by hand at Asheville City Hall, Fifth Floor, or by mail to:  
City of Asheville  
Community Development Division  
Post Office Box 7148  
Asheville NC 28802-7148
- Electronic submission is acceptable for the pre-application form, but not for the full application form.
- **Please complete each question directly on the application form.** Attachments should only be used to provide supplemental information. The application form may be completed manually or reproduced in your word processor system (recommended). The application form can be downloaded from the City website at <http://www.ashevillenc.gov/planning/cdbg.htm>
- Applications should be fastened with a paper clip or other fastening that can easily be undone for copying. Please do not use binders, covers, or staples.
- Applications should start at Page 1 (Application Information). Do not include a cover letter or the instruction pages; any covers will be discarded.
- The required attachments listed on Page 2 should be attached at the back of the original application in the order listed. If lengthy, they may be omitted from the copies.
- Additional printed documentation, photographs and maps may be placed immediately behind the page they refer to. They should be included in all four copies. All pages of your application after insertions must be numbered consecutively.
- Narrative responses should be 1½-spaced in a typeface no smaller than 11-point.
- **Applications exceeding 20 pages (excluding required attachments) and pages larger than 11x17 or in color are strongly discouraged. We may require you to furnish up to 15 additional copies of such applications or pages at your own expense.**
- Please read all questions and instructions carefully. **The care that goes into accurately and informatively completing this application is evidence of your agency's ability to manage the complexities of CDBG and HOME program requirements.**

Staff in the City's Community Development Division will gladly answer questions about the CDBG and HOME programs, this form and the application process, but cannot assist in writing applications or offer comment on drafts. Telephone 259-5735; e-mail: [kivey@ashevillenc.gov](mailto:kivey@ashevillenc.gov).

## PRE-APPLICATION FORM Non-Construction

**All applicants must submit a pre-application to Adria Hardy – [ahardy@ashevillenc.gov](mailto:ahardy@ashevillenc.gov)  
Please submit this form (one page) as early as possible,  
and no later than Friday, December 29, 2006**

**Name of Applicant:** \_\_\_\_\_

**Provisional Name of Project:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Project Type (check one or more):**

- \_\_\_\_\_ Social services (CDBG only)
- \_\_\_\_\_ Housing Services (CDBG only)
- \_\_\_\_\_ Tenant Based Rent Assistance (HOME only)
- \_\_\_\_\_ Down-payment assistance (CDBG, HOME, ADDI)
- \_\_\_\_\_ Job training and small business assistance (CDBG only)
- \_\_\_\_\_ Planning (CDBG or HOME)
- \_\_\_\_\_ Other: \_\_\_\_\_

**Applying for (check one):** ☐ CDBG ☐ HOME ☐ ADDI ☐ Not sure yet

**Likely amount of request (check one):** \_\_\_\_\_ less than \$50,000  
 \_\_\_\_\_ \$50,000-100,000  
 \_\_\_\_\_ more than \$100,000

**Check one of the following statements:**

- \_\_\_\_\_ 1. We have previously received CDBG or HOME funds for this project or one very similar and do not need one-on-one technical assistance before submitting our application.
- \_\_\_\_\_ 2. We have not previously received CDBG or HOME funds for this project and request one-on-one technical assistance before submitting our application.



CITY OF ASHEVILLE  
ASHEVILLE REGIONAL HOUSING CONSORTIUM

**Application for Funding  
for a  
NON-CONSTRUCTION PROJECT**

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**This is an application for:** ☐ CDBG ☐ HOME ☐ HOME-ADDI  
(Check only one box)

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**SECTION I  
APPLICANT INFORMATION**

Full Legal Name of Applicant: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Total Funds Requested: \$ \_\_\_\_\_

Applying as: ☐ Asheville CDBG Subrecipient (CDBG only)

☐ Asheville HOME Subrecipient (HOME only)

☐ Other Member Government (HOME only)

Subrecipient agency, if any: \_\_\_\_\_

☐ CHDO (HOME only)

**To the best of my knowledge and belief, all data in this application are true and current. This document has been duly authorized by the governing board of the applicant.**

**Signature:** \_\_\_\_\_  
Mayor/Chair of Board

\_\_\_\_\_  
Date

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**CHECKLIST OF DOCUMENTATION INCLUDED WITH THIS APPLICATION:**  
**(Place an "X" in each box.)**

**You must provide an ORIGINAL plus FOUR COPIES of the following sections in the order listed:**

- ☐ Applicant Information
- ☐ Program Description
- ☐ Program Budget
- ☐ Agency Management
- ☐ Disclosure of Potential Conflicts of Interest

**REQUIRED ATTACHMENTS**

Please provide one copy of each of the following documents, unless they are already on file with the City  
 (check with Community Development staff if you are not sure):

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1. An **organizational chart**. Highlight staff who will be responsible for this project
2. **By-Laws, Articles of Incorporation, and 501c(3) determination letter**.
3. A copy of your most recent **audited financial statement**, including the management letter, if one was issued.
4. A copy of your most recent available **financial statements**.
5. A complete list of the members of your current **Board of Directors**. Include addresses, phone numbers, and relevant affiliation.
6. A copy of your **ADA Policy**

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## SECTION II PROGRAM DESCRIPTION

**II.A. Program Title:** \_\_\_\_\_

**II.B. Program Location(s)** (be as specific as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II.C. Type of Activity** (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Human Services               | <input type="checkbox"/> Housing Services related to HOME-assisted projects |
| <input type="checkbox"/> Job training                 | <input type="checkbox"/> Small Business Assistance                          |
| <input type="checkbox"/> Tenant-Based Rent Assistance | <input type="checkbox"/> Homebuyer downpayment assistance                   |
| <input type="checkbox"/> Other (Specify) _____        |   |

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**II.D. Program Purpose** (one sentence stating the purpose of the program in simple language):

**II.E. Program Justification.** Who are the targeted clients? What are their needs? What objective data can you quote in evidence of needs? (Note that there is another question below covering the detail of how the program will be operated):

**II.F. Program Operation.** Explain simply and clearly how your program works. This may take more than one page. Please concentrate on practical details - what, where, when, who and how - rather than program philosophy or purpose. **Do not assume that the reader knows anything about your operations.** For service programs, this is best done by describing the steps by which a **client** progresses through the program, rather than focusing on what **staff** do. Be sure to describe how clients access the program in the first place, how much time they typically spend with staff in program activities, how they provide evidence of their eligibility, and how your collaboration with other agencies helps them. For minor rehab programs only, describe in detail how you address lead-based paint testing and hazard control on property built before 1978.

**II.G.** Is this a **human services program** which is not already CDBG-funded? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES,

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- a) Briefly describe other relevant programs in the Asheville area and demonstrate that there is a gap in service provision.
- b) Say how CDBG funding will enable you to provide new or expanded services (be quantitative)

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**II.H. Staffing.** Identify your program team by name, job title, and employment status (employee, independent contractor, or volunteer), and clearly describe each person's job responsibilities in the program. (use job titles consistently here, on the agency organizational chart, and in the Budget salary table)  
**For rehab/repair programs only,** identify project staff that have completed training in Lead Safe Work Practices (with date) or have any more extensive training in LBP hazard control.

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**II.I. Timetable.** For **new programs**, or programs in which **significant improvements** are proposed, complete the following table to identify the key implementing steps and target dates. Add rows as needed.

Action	Start date	Target date for completion

**II.J Housing Services applicants only.** If you are applying for a CDBG Housing Services grant to assist with the staff and overhead costs of producing HOME-assisted units, please complete the following table.

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**HOME-Eligible Production Underway or Planned in City of Asheville**

Project Name	Expected Number of HOME-eligible units in City of Asheville ONLY			Unit type: S/F or M/F	Expected completion date	Amount project receives in CDBG project delivery or HOME-funded developer fees
	New Constr.	Rehab	Down-payment assistance only Excluding ADDI			
						\$
						\$
						\$
						\$
<b>Unduplicated Total:</b>						\$

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**II.K. PROGRAM TARGETS AND OUTCOMES**

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**1. Client Demographics.** Please show numbers of clients, **not percentages**, in each category. Current income limits are on page V of the general instructions. For CDBG Applications, numbers should reflect Asheville residents only.

Number of Persons or Households Served, by Income Group					
Check whether counting by		<u>Persons:</u> <input type="checkbox"/>	or	<u>Households:</u> <input type="checkbox"/>	
		(Services)		(Rehab, DPA, Loans)	
Year	<30 % of median	31-50 % of median	51-80 % of median	>80 % of median	Total
2005/2006 (actual)*					
2006/2007 (as now projected)					
2007/2008 (target)					

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*\*For existing programs this line should be consistent with data you submitted for the CAPER.*

## 2. Strategic Plan Program Outcomes, Targets and Measurement

The table below lists the non-construction goals from our 2005-2010 Strategic Plan (pages 96-97). You must select one (or more) of these outcomes. However, you may also tell us about other outcomes and targets that you plan to achieve which are not listed here.

OUTCOME GOALS  Benefit to the community, clients, or changes in client behavior or conditions	PERFORMANCE OUTCOME INDICATORS  What will you measure, and how?	ANNUAL OUTCOME TARGETS (Clients or households who achieve desired change) <i># Served should be the same as the total served in IIK, Item #1</i>								
		2007-2008 Projected			2006-2007 Projected			2005-2006 Actual		
		# Served	# Achieved	%	# Served	# Achieved	%	# Served	# Achieved	%
1. Increase the safety & preserve housing for low-income owners										
2. Prevent homelessness & stabilize households										
3. Increase the number of homeless that obtain entitlement benefits										
4. Engage homeless persons in mental health treatment / counseling										
5. Improve financial well being of low-income persons										
6. Increase homeownership for low-income and minority households										
7. Improve student academic performance										
8. Complete job training program										
9. Gain sustaining employment										
10. Create/sustain/expand small businesses										
11. Create jobs										
12. Other (insert)										

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Under Performance Outcome Indicators, describe the specific changes you will look for and how you will measure the change in order to know whether or not your program outcomes are being achieved. Describe how you will monitor progress in implementing the program and who will be responsible. Attach copies of the data collection tools you will use.

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3. For the outcome(s) selected above, describe below the specific changes you will look for and how you will measure the changes, in order to know whether or not your program outcomes are being achieved. Describe how you will monitor progress in implementing the program and who will be responsible. Attach copies of the data collection tools you will use.

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## SECTION III BUDGET

### III.A. OPERATING BUDGET:

Please provide budget information for **this program only**, (not the entire agency, unless this is the agency's sole program). Columns 2-4 cover the **total** revenues and costs for this program, including the funds you are applying for in this funding application. Column 5 shows just the CDBG or HOME amount requested in this application, and how those funds are to be used. **If you do not use our fiscal year (July 1-June 30) for your budgeting, please amend the column headings accordingly.**

1. What is your agency's fiscal year? \_\_\_\_\_
2. Does this program budget cover significant activities outside Asheville? \_\_\_\_\_
3. If yes, please estimate the percentage of program effort provided within Asheville: \_\_\_\_\_ %
4. What is your estimated total agency budget for FY2008? \_\_\_\_\_

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#### Revenues

1	2	3	4	5	6
Source	7/1/05 – 6/30/06 Actual	7/1/06 – 6/30/07 As Now Projected	7/1/07 – 6/30/08 Proposed	7/1/07 – 6/30/08 This Grant Only	07/08 Funding Committed? YES/NO
This Grant					NO
CDBG Program Income					
Other Grants (list):					
Support from the Public					
Program Fees					
Other (specify)					
<b>TOTAL REVENUE</b>					



*Please make sure that proposed Expenditures correspond to proposed Revenues.*

### Expenditures

1	2	3	4	5
Line Item	7/1/05 – 6/30/06 Actual	7/1/06 – 6/30/07 As now Projected	7/1/07 – 6/30/08 Proposed	7/1/07 – 6/30/08 This Grant Only
Salaries				
Taxes & Fringe Benefits				
Professional Fees				
Supplies				
Telephone				
Postage				
Occupancy Costs				
Equipment Maintenance				
Printing & Publications				
Travel & Training				
Direct Assistance to Clients				
Membership Dues				
Indirect Costs				
Other				
TOTAL EXPENDITURE				
Excess (shortfall) of Revenue over Expenditure				0

**III. B. EXPLANATION OF BUDGET CHANGES:** You must explain all large changes in expenditures from year to year (a “large change” is an increase or reduction of more than 10% in a line item, but you may ignore changes less than \$1000).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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**III. C. CDBG/HOME STAFF COSTS:** Compete for all staff positions for this program. Add lines as needed to include all persons included on the salary line in expenditure table III.A (page 7).

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Position Title	Annual Salary	% Time to be spent on <u>this program</u>	% Salary to be paid by CDBG	CDBG \$ Request
			<b>TOTAL:</b>	

### III.D. IN-KIND SUPPORT (optional)

If your program will receive significant non-cash support (e.g. donated goods or services, volunteer labor, loans provided directly to clients by third parties through your efforts), you should list it here (as a \$ value) so we can take it into account in estimating “leverage”. Volunteer labor should be valued at \$10 per hour unless you can justify a larger amount (e.g. for donated professional services).

### III.E. PROGRAM INCOME , CBDO and CHDO PROCEEDS

*(This section is to be completed only by Buncombe & Madison Counties, EMSDC, HAC, Habitat, NHS, MHO, MMLF & WCCA.)*

Program income, CBDO and CHDO proceeds are income directly generated by the use of CDBG, HOME, or other Federal funds. Examples include the repayment of CDBG or HOME loans that you have made, the net proceeds from the sale of homeowner units, or rent of assisted property. *If you have any questions, please contact CD staff.*

1. List the specific programs operated by your organization that generate CDBG or HOME program income and CBDO and CHDO proceeds:
2. How does your organization currently use program income and CBDO and CHDO proceeds?
3. Complete the table below for your organization's on-hand and projected CDBG and HOME program income. Remember to include program income from all of your CDBG or HOME programs.

	<b>CDBG Program Income</b>	<b>CBDO Proceeds</b>	<b>HOME Program Income</b>	<b>CHDO Proceeds</b>
Balance at 12/31/06	\$	\$	\$	\$
Estimated receipts 1/1/07 – 6/30/07	\$	\$		
Proposed Program Use & Amount	<b>Program / Amount</b>	<b>Program / Amount</b>	<b>Program / Amount</b>	<b>Program / Amount</b>

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## SECTION IV AGENCY MANAGEMENT

(Consortium Member Governments do not need to complete this section)

### IV.A. ORGANIZATION

1. What is your organization mission statement?
2. Incorporation date (Month and Year)? \_\_\_\_\_
3. Number of staff employed (full time equivalents) \_\_\_\_\_
4. Does your organization have any of the following written management policies? If recently updated or not already on file with the City, please attach. Formatted: Font color: Auto

Policy	Yes	No	Date Last Updated	On file with City?
Personnel policy				
Purchasing policy				
Code of conduct				
Indirect Cost Allocation Plan				

**IV.B. AGENCY TRACK RECORD.** Please describe what makes your agency particularly qualified to carry out the program described in Section II. (This may include your past achievements in carrying out this program or other similar programs, experience of key staff, collaborative relationships with other agencies, or **recent new initiatives**).

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**Deleted:** any other features relating to agency capacity that you consider relevant).

### IV.C. BOARD OF DIRECTORS:

1. How many board members should you have according to your by-laws?
2. How many do you actually have at this date?
3. How often does your board meet?
4. What was the actual attendance at each of the last three regular Board meetings?
5. Have you failed to reach a quorum at any Board meetings in the last 12 months?  
If so, how many times?
6. Do any of your organization's staff members serve on your board?
7. What efforts do you make to ensure that your board represents the community it serves?

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## SECTION V

### DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any Board Members or employees, or members of their immediate families, or their business associates?

- a) Employees of or closely related to employees of the City's Planning and Development Department: YES \_\_\_ NO \_\_\_
- b) Members of or closely related to Members of City Council: YES \_\_\_ NO \_\_\_
- c) Current beneficiaries of the program for which funds are requested: YES \_\_\_ NO \_\_\_
- d) Paid providers of goods or services to the program or having other financial interest in the program: YES \_\_\_ NO \_\_\_
- e) Creditors (i.e. persons who have made loans to the agency or provided loan collateral): YES \_\_\_ NO \_\_\_

If you have answered YES to any question, **please attach a full explanation.** The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

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